

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name Department of Water Resources		RECEIVED DWR PERSONNEL Date Stamp 2016 OCT -3 AM 11:13	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Executive Division/SWP			
Street Address 1416 9th Street, Sacramento, CA 94236-0001			
Area Code/Phone Number (916) 653-8043	Email mark.andersen@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Carl Torgersen		Date of Original Filing: <u>10-3-16</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other China IWHR

_____ Last Name First Name Name

A-1 Fuxing Road, Beijing, China 100038

Address City State Zip Code

China Institute of Water Resources and Hydropower Research (IWHR)-Chinese Government

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ Name	\$ _____ Amount	_____ Name	\$ _____ Amount
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment See Attachments 7/16/16-7/23/16

_____ Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

_____ \$ _____

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

All costs incurred and paid by the China IWHR. Trip purpose: visit/inspect China South to North Water Diversion Project facilities, share operational/financial details of the SWP with CSNWDP engineers/managers/similar representatives from IWHR at day long seminar 7/18/2016

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Andersen	Mark	Acting Deputy Director	State Water Project
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
Leahigh	John	Principal Engineer	Operations & Maintenance
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature] CARL A. TORGERSEN CHIEF DEPUTY DIRECTOR 9/28/16

Signature Print Name Title (month, day, year)

Comment:
(Use this space or an attachment for any additional information)

Clear Page

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DWR State Water Project Management Trip to China - July 16 to July 23 2016

All costs below incurred and paid by the China Institute of Water Resources and Hydropower Research

The trip purpose was to visit/inspect China South to North Water Diversion Project facilities and share operational and financial details of the SWP with the CSNWDP engineers/managers as well as similar representatives from the IWHR at day long seminar on 7/18/16

DWR Managers	Air Fare (China Air)	Lodging	Meals	Transportation, mail, & tickets	China Business Visitor's Visa
Mark Andersen	\$4,365.44	\$450.03	\$320.88	\$133.82	\$248.51
John Leahigh	\$2,350.62	\$450.03	\$320.88	\$133.82	\$248.51
Subtotals	\$6,716.07	\$900.05	\$641.76	\$267.64	\$497.02
				Grand Total	\$9,022.53



LETTER OF CERTIFICATION

To whom it may concern,

Thanks firstly for all the great efforts by Mr. Mark Edward Andersen and Mr. John William Leahigh for their excellent presentations and effective communications in the seminar in Beijing on water diversion projects. As promised in our invitation letter, China Institute of Water Resources and Hydropower Research (IWHR) is responsible for all their expenses in China, and we are sending this letter of certification with regard to details as follows:

1. Two roundtrip air tickets: 44,592RMB
2. Visa application: 3,300RMB
3. Lodging for six nights : 5,976RMB
4. Board for seven days: 4261RMB
5. Misc.: 1777.4RMB, including express mailing fees for the invitation letter, educational materials and souvenirs, as well as tickets for the Great Wall.

The total expenditure is 59906.4RMB.

We are also certifying that the following issues:

1. They are receiving two courtesy gifts of 150RMB respectively.
2. Except all the activities for the seminar and field trips to South-to-North Water Diversion Project(SNWDP) and the SNWDP destination in the Summer Palace, we also organized one day for sight-seeing to the Great Wall.
3. It is a great pity that we had to cancel their trip to the Three Gorges due to the heavy rainfall of 100 year return period.

If there is any question, please feel free to contact us at any time.

Sincerely Yours,

China Institute of Water Resources and Hydropower Research (IWHR)

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name California Natural Resources Agency		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams			
Street Address 2200 X Street, Suite 200, Sacramento, CA 95818			
Area Code/Phone Number 916-227-9800	Email michael.waggoner@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch		Date of Original Filing: <u>10-11-16</u> (month, day, year)	

2. Donor Name and Address

Individual N/A Last Name N/A First Name N/A Other Southern California Edison (SCE) Name

1515 Walnut Grove Avenue Address Rosemead City CA State 91770 Zip Code

Power Production

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

<u>N/A</u> Name	\$ <u>0.00</u> Amount	<u>N/A</u> Name	\$ <u>0.00</u> Amount
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Mono County Location of Travel 9/21/2016 Dates (month, day, year)

SCE Transportation Provider Rail Air Bus Auto Other N/A Name of Lodging Facility

Check Applicable Boxes

\$ <u>0.00</u> Lodging Expenses	\$ <u>0.00</u> Meal Expenses	\$ <u>100.00</u> Transportation Expenses	\$ <u>0.00</u> Other Expenses	\$ <u>100.00</u> Total Expenses
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3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year) \$ 0.00 Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SCE to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Wulff</u> Last Name	<u>Eric</u> First Name	<u>Senior Engineer, W.R.</u> Position/Title	<u>DWR/DSOD</u> Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature Michael Waggoner Print Name Field Engineering Branch Chief Title 10/11/16 (month, day, year)

Comment:
(Use this space or an attachment for any additional information)



Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name

California Natural Resources Agency
Division, Department, or Region (if applicable)
Department of Water Resources - Division of Safety of Dams
Street Address
2200 X Street, Suite 200, Sacramento, CA 95818

Area Code/Phone Number 916-227-9800
Email michael.waggoner@water.ca.gov

Agency Contact (name and title)
Michael Waggoner, Chief, Field Engineering Branch

Date Stamp: 2016 OCT 19 AM 8:30
California Form 801
For Official Use Only
Amendment checkbox
Date of Original Filing: 10-19-16

2. Donor Name and Address

Individual checkbox (N/A)
Other checkbox (checked) Nevada Irrigation District (NID)
Address: 1036 West Main Street, Grass Valley, CA 95945

Hydroelectric Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A \$0.00 N/A \$0.00
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Nevada County
9/27/2016
NID
Transportation Provider
Rail, Air, Bus, Auto, Other checkboxes
Lodging Expenses, Meal Expenses, Transportation Expenses, Other Expenses, Total Expenses

3.1 (b) Payment(s) not related to travel:
N/A \$0.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by NID to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Roundtree Austin Engineer, W.R. DWR/DSOD
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Signature
Michael Waggoner Print Name
Field Engineering Branch Chief Title
10/18/16 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name

California Natural Resources Agency
Division, Department, or Region (if applicable)
Department of Water Resources - Division of Safety of Dams
Street Address
2200 X Street, Suite 200, Sacramento, CA 95818

Date Stamp
DWR PERSONNEL
2016 OCT 13 AM 8:52

California Form 801
For Official Use Only

Area Code/Phone Number
916-227-9800
Email
michael.waggoner@water.ca.gov
Agency Contact (name and title)
Michael Waggoner, Chief, Field Engineering Branch

Amendment (explain in comment section)
Date of Original Filing: 10.13.16
(month, day, year)

2. Donor Name and Address

Individual N/A Last Name First Name Other Sacramento Municipal Utility District (SMUD) Name
PO Box 15830 Sacramento CA 95852
Address City State Zip Code

Power Generation
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:
N/A \$ 0.00 N/A \$ 0.00
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment El Dorado County 8/31/2016
Location of Travel Dates (month, day, year)
SMUD Transportation Provider Rail Air Bus Auto Other N/A
Check Applicable Boxes
\$ 0.00 \$ 0.00 \$ 500.00 \$ 0.00 \$ 500.00
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ 0.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SMUD to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Jimenez Timothy Engineer, W.R. DWR/DSOD
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner Michael Waggoner Field Engineering Branch Chief 10/07/16
Signature Print Name Title (month, day, year)

Comment:
(Use this space or an attachment for any additional information)